

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Regulation Administration



REGISTERED ADDICTION COUNSELOR
APPLICATION CHECKLIST

MARK A CHECK NEXT TO EACH ITEM INCLUDED

NAME _____

_____ A complete, notarized application form

_____ Two (2) recent passport photos (2X2)

_____ \$95.00 application and registration fee --check or money order payable to D.C. Treasurer.

_____ Verification of 135 hours of education/training
You may submit certificates (copies only)

_____ Verification of 1500 hours of clinical work experience in drug counseling
Letters from your supervisor or Human Resource Office

OR

_____ Two (2) recent passport photos (2X2)

INCOMPLETE APPLICATIONS WILL NOT GO TO THE BOARD.